

Academic Advising and Partnerships

PH: 734-462-7437 | FAX: 734-462-4431 18600 Haggerty Road, Livonia, MI 48152-2696

Date _		

Letter Request Form

Use this form to request a letter from Schoolcraft College for your circumstances. You will be notified via email when your letter is ready to be picked up.

Required Information

	LAST (FAMILY) NAME	FIRST NAME
_	STUDENT ID NO.	EMAIL
_	TELEPHONE	DATE OF BIRTH
_		
	VISA TYPE	
Let	tter Type	
	☐ Family Visit or Graduation Invit	ation Letter (supports visitor visa applications for family members)
	 attach passport copies for e 	ach person for whom you are requesting a letter of support
	• list the reason for their visit	
	 list the approximate dates th 	ey will be here in the U.S.
	☐ Social Security Letter (confirms	s that you are eligible for a social security number)
	 attach a copy of your job off 	er letter
	☐ Student Certification Letter/Driving standing, also verifies your add	rer's License Letter (confirms that you are an active student in good academic ress)
	☐ Other (Please provide a descrip	tion and list the details you would like included in this letter)
	nderstand that by submitting this for owledge, this information is accurate	m I am responsible for the information I have provided. To the best of my and honest.
-	STUDENT SIGNATURE	DATE

REVISED July 9, 2018 WWW.SCHOOLCRAFT.EDU